



HUMAN RESOURCES

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SUPPORT STAFF SICK BANK

APPLICATION FOR WITHDRAWAL

Please answer all questions:

Print Name: _____

Job Location: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

NATURE OF ILLNESS: Please attach pertinent information, including any statements from attending physician(s).

Approximate number of **work days** absent due to this illness: _____ days

Number of **sick bank days** for which you are applying: _____ days

LIST DATES OF **SICK BANK DAYS REQUESTED:** _____

DATE: _____

SIGNED: _____

Please forward this application to :

Dutchess BOCES
SUPPORT STAFF SICK BANK COMMITTEE
Human Resources Department
Administration Building
5 BOCES Road
Poughkeepsie, NY 12601
(845) 486-8004